

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

99

PLAINTIFF Brian Perron	COURT CASE NUMBER 08C1735 08cv1735
DEFENDANT Sgt. Mateer, et al.	TYPE OF PROCESS S/C
SERVE →	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Chief Lavery, Chief of DuPage Co. Sheriff's Office (Retired)
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) DuPage County Sheriff's Offce., C/O Civil Div. 501 N. County Farm Rd. Wheaton, IL
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
<input checked="" type="checkbox"/> Brian Perron, #162703 DuPage-DCJ P.O. Box 957 Wheaton, IL 60187	
Number of process to be served with this Form - 285 1	
Number of parties to be served in this case 3	
Check for service on U.S.A. <input type="checkbox"/>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

F I L E D
Jul 14, 2008
JUL 14 2008 YM

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		04-24-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 3 of 3	District of Origin 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk	Td	Date 04-24-08
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above) UNAISCLOSED <i>Signature</i> LOCATION	Date of Service 7/1/08	Time 6:00 PM
	Signature of U.S. Marshal or Deputy <i>Signature</i>	

Service Fee 96.00	Total Mileage Charges (including under-way) 38.80	Forwarding Fee 0	Total Charges 134.80	Advance Deposits 0	Amount owed to U.S. Marshal or 134.80	Amount of Refund 0
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REMARKS: 401 106 - 3rd flrd	1 DUSM
	2 HOURS
	80 MILES RT